EDA				United States Environmental Protection Agency Washington, DC 20460						Work Assignment Number 3-1					
EPA				W			Other X Amendment Number:								
				Work Assignment					000004						
Contract Num	nber			Contract Period 03/11/2008 To 03/10/2012					Title of Wo	rk Assigni	ment/SF Sit	e Nam	e		
EP-W-08-019 Base Option Period Number 3															
Contractor Specify Section and paragraph															
RESEARCH TRIANGLE INSTITUTE Emissions Data										Integration					
Purpose:		Work Assig	nment			Work Assignment	Close-Out	Period of	Period of Performance						
Work Assignment Amendment Incremental Funding															
	$\overline{\sqcap}$	Work Plan	Approval		_					From 03/11/2011 To 03/10/2012					
Comments:										I					
The purpose of this amendment is to request a revised cost estimate in response to the increase in LOE hours indicated below.															
Indicated	Delow	•													
s	Superfund Accounting and Appropriations Data								X Non-Superfund						
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.															
(Max 2)	SFO														
e DCN		Budget/FY (Max 4)	Appropriat	-	Org/Code //ax 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (	(Dollars)	(Cents)	Site/Pro	•	Cost Org/Code (Max 7)		
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5					A 4	hariand Mark An	ianment Ceilir	<u> </u>							
Contract Perio	d.		01	/F	Aut	horized Work Ass	signment Ceilir	ng LOE	E: 0						
Contract Period: Cost/Fee: 03/11/2008 To 03/10/2012															
This Action:									3,300						
										·					
Total:										3,300					
Work Plan / Cost Estimate Approvals															
Contractor WP Dated: Cost/Fee:															
Cumulative Ap	proved:			Co	st/Fee:			LC	E:						
Work Assignment Manager Name Peter Kokopeli										Branch/Mail Code:					
·				-				_	Phone Number 202-343-9085						
(Signature) (Date)									FAX Number:						
Project Officer Name Ryan Daniels									Branch/Mail Code:						
								Ph	Phone Number: 202-564-6476						
(Signature) (Date)										FAX Number:					
Other Agency	Official N	ame						Br	Branch/Mail Code:						
								Ph	Phone Number:						
(Signature) (Date)									FAX Number:						
Contracting Official Name Rachel Schwartz									Branch/Mail Code:						
									Phone Number: 202-564-1053						
_	(Signature) (Date)									FAX Number: 202-565-2554					